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Bib Data Sheet

CONFIRMATION NO. 6701

SERIAL NUMBER 10/105,771	FILING DATE 03/25/2002  RULE	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. M-12614V0045					
<b>APPLICANTS</b>  Bob Schatz, Woodside, CA;  Oleg Kiselev, Palo Alto, CA;									
** CONTINUING DATA ***** <i>None</i>									
** FOREIGN APPLICATIONS ***** <i>None</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/26/2002									
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance            Verified and Acknowledged            Examiner's Signature _____ Initials _____         </td> <td style="width: 10%; border: none; text-align: center;">           STATE OR COUNTRY CA         </td> <td style="width: 10%; border: none; text-align: center;">           SHEETS DRAWING 6         </td> <td style="width: 10%; border: none; text-align: center;">           TOTAL CLAIMS 22         </td> <td style="width: 10%; border: none; text-align: center;">           INDEPENDENT CLAIMS 4         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
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<b>ADDRESS</b> 60429 CSA LLP 4807 SPICEWOOD SPRINGS RD. BLDG. 4, SUITE 201 AUSTIN , TX 78759									
<b>TITLE</b> System and method for preventing data corruption in computer system clusters									
FILING FEE  RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	
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<input type="checkbox"/> 1.18 Fees ( Issue )									



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CONFIRMATION NO. 4367

SERIAL NUMBER 10/705,771	FILING DATE 11/12/2003  RULE	CLASS 707	GROUP ART UNIT 2164	ATTORNEY DOCKET NO. 58644-0005
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APPLICANTS

Patrick John Osborne, Davidsonville, MD;

Chris Smith, Fredericksburg, VA;  
 Steven Robert Leary, Bristow, VA; Eric Whisman, Stafford, VA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/425,270 11/12/2002 *AK*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *AK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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 24633  
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 WASHINGTON , DC  
 20004

TITLE  
 Biometric information submittal and storage system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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